

SECTION 9 CONTINUED

(for additional personnel)

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|--|--|-------|-------------|--|---------------------|-------------------------------|------------------------|
| D. NAME: Last | | First | Middle Name | DATE OF BIRTH | | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NO. |
| RESIDENCE ADDRESS: Number/Street | | City | State | Zip Code | RESIDENCE PHONE NO. | | OFFICE USE ONLY |
| | | | | | | | |
| TITLE OR POSITION: (check one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME | | | | <input type="checkbox"/> Corporate Officer <input type="checkbox"/> RMO/Corporate Officer | | [indicate corporate title(s)] | |
| E. NAME: Last | | First | Middle Name | DATE OF BIRTH | | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NO. |
| RESIDENCE ADDRESS: Number/Street | | City | State | Zip Code | RESIDENCE PHONE NO. | | OFFICE USE ONLY |
| | | | | | | | |
| TITLE OR POSITION: (check one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME | | | | <input type="checkbox"/> Corporate Officer <input type="checkbox"/> RMO/Corporate Officer | | [indicate corporate title(s)] | |
| F. NAME: Last | | First | Middle Name | DATE OF BIRTH | | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NO. |
| RESIDENCE ADDRESS: Number/Street | | City | State | Zip Code | RESIDENCE PHONE NO. | | OFFICE USE ONLY |
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| TITLE OR POSITION: (check one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME | | | | <input type="checkbox"/> Corporate Officer <input type="checkbox"/> RMO/Corporate Officer | | [indicate corporate title(s)] | |
| G. NAME: Last | | First | Middle Name | DATE OF BIRTH | | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NO. |
| RESIDENCE ADDRESS: Number/Street | | City | State | Zip Code | RESIDENCE PHONE NO. | | OFFICE USE ONLY |
| | | | | | | | |
| TITLE OR POSITION: (check one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME | | | | <input type="checkbox"/> Corporate Officer <input type="checkbox"/> RMO/Corporate Officer | | [indicate corporate title(s)] | |
| H. NAME: Last | | First | Middle Name | DATE OF BIRTH | | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NO. |
| RESIDENCE ADDRESS: Number/Street | | City | State | Zip Code | RESIDENCE PHONE NO. | | OFFICE USE ONLY |
| | | | | | | | |
| TITLE OR POSITION: (check one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME | | | | <input type="checkbox"/> Corporate Officer <input type="checkbox"/> RMO/Corporate Officer | | [indicate corporate title(s)] | |
| I. NAME: Last | | First | Middle Name | DATE OF BIRTH | | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NO. |
| RESIDENCE ADDRESS: Number/Street | | City | State | Zip Code | RESIDENCE PHONE NO. | | OFFICE USE ONLY |
| | | | | | | | |
| TITLE OR POSITION: (check one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME | | | | <input type="checkbox"/> Corporate Officer <input type="checkbox"/> RMO/Corporate Officer | | [indicate corporate title(s)] | |

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